ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

ARIZONA STATE HOSPITAL

ADVISORY BOARD ANNUAL REPORT

CALENDAR YEAR 1992



Arizona State Hospital
Willis H. Bower Park
Dedicated 1992

Arizona Department of Health Services

ARIZONA STATE HOSPITAL

ADVISORY BOARD REPORT

CALENDAR YEAR 1992

Fife Symington
Governor
State of Arizona

Paula Garner
Chairperson
Arizona State Hospital
Advisory Board

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ARIZONA STATE HOSPITAL ADVISORY BOARD

April 2, 1993

The Honorable Fife Symington
Governor of the State of Arizona
1700 West Washington Street
Phoenix, Arizona 85007

Dear Governor Symington:

As Chairperson of the Arizona State Hospital Advisory Board, I am pleased to present the annual Advisory Board Annual Report for Calendar Year 1992. This Annual Report has been prepared in accordance with Arizona Revised Statute 36-217.

Calendar Year 1992 has been one of continued growth for the Arizona State Hospital and the state-wide delivery of service system for the mentally ill citizens in both program development and financial support. Efforts to sustain continued growth will be required to meet the needs of the mentally ill citizens requiring comprehensive services.

I take this opportunity to express our sincere appreciation of your continued support of the Arizona State Hospital, the Division of Behavioral Health Services, and the Arizona Department of Health Services. Although significant changes and associated difficulties were experienced this past year, I am confident continued energies will be expended to achieve an improved delivery of services system.

The membership of the Arizona State Hospital Advisory Board will continue to serve as your appointed advocacy group to ensure quality care and treatment for those special mentally ill individuals in need.

Sincerely,

Paula Garner

Paula Garner
Chairperson
Arizona State Hospital
Advisory Board

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MESSAGE FROM THE CHAIRPERSON

The Advisory Board of the Arizona State Hospital has continued to provide leadership consultation, oversight, and advocacy for the hospital. As Chairperson and representative for the Advisory Board, it is my privilege to thank all of the individuals who participated in the varied projects to improve the patients' standards of care, treatment and living.



Paula Garner
Chairperson
ASH Advisory Board

Hospital staff have continued to provide the much needed services for the patients at the hospital. Despite physical plant conditions, which are often less than desirable, and the financial restrictions imposed on all State services, the staff have continued to develop innovative programs and methods to improve conditions for the patients.

The Board and the hospital have continued to strive to improve the quality of life for those individuals requiring specialized mental health services and have continued to support the special Legislative interest in the condition of the hospital which began in 1991. With your continued interest and support, each year will result in more significant changes and improvements in the hospital and the health care systems serving the mentally ill throughout the state.

The Advisory Board members look forward to another challenging but rewarding year for the Arizona State Hospital and we will continue to support and advocate for the mentally ill individuals who so desperately need our support.

Sincerely,

Paula Garner

Paula Garner
Chairperson
Arizona State Hospital
Advisory Board 1992

FORWARD

Through extensive efforts of hospital administration, the Medical Staff, the clinical staff and the support staff and a hospital-wide commitment to the concept of total quality management, significant progress in the care and treatment of patients continued at the Arizona State Hospital. The hospital continued to meet the increasingly more difficult quality standards required by the Joint Commission on Accreditation of Healthcare Organizations, by the Health Care Financing Administration, Medicare Certification, and other surveying agencies.

Extensive efforts have been put forth this calendar year in determining and planning the future role of the Arizona State Hospital within the state-wide mental health system. This role, much of which is dictated by the implementation of the "Blueprint," will be to provide specialize services for the seriously mentally ill individuals and "rightsizing" the census of the hospital. Through a cooperative effort with the Office of Seriously Mentally Ill, Division of Behavioral Health Services (DBHS), and the Regional Behavioral Health Authorities (ReBHA), patients at the hospital not requiring specialized services have been identified, evaluated, and discharge placement plans for each individual have been developed. This cooperative effort should lead to a lower hospital census with those individuals discharged receiving needed services through community-based service providers. This should ultimately lead to more adequately preserving and utilizing limited resources.

The goal for the hospital is to reduce the census to a maximum of 330 patients. A specialized Behavior Management Program would account for approximately 150 hospitalized patients, a specialized General Adult Program for approximately 150 patients, and a specialized Youth Services Program for approximately 30 patients. Through reducing the hospital census, the state appropriations used to operate the hospital would be reduced and the savings reverted back to the Division of Behavioral Health Services for utilization in needed community-based services.

This report is dedicated to the Arizona Department of Health Services staff, hospital volunteers, and concerned citizens who have given their time and talents to improve the quality of life for patients at the Arizona State Hospital.

I. THE ARIZONA STATE HOSPITAL ADVISORY BOARD

Mission Statement

The Arizona State Hospital Advisory Board is dedicated to assure that the psychological/psychiatric, emotional, physical, economic, financial and spiritual needs of the patients are met by staff during the patients stay in the hospital.

Further, Advisory Board Members are committed to advising the Deputy Director, DBHS, and the Superintendent of the Arizona State Hospital in the development, implementation, achievement and evaluation of goals.

Membership

In accordance with House Bill 2191 and the Arizona Revised Statutes 36-217 , the Arizona State Hospital Advisory Board is composed of the following thirteen members appointed by the Governor:

Four members from families of current or former patients at the state hospital;

One member who is not a licensed health care provider pursuant to Title 32 and who is not an employee of a health care institution;

One attorney licensed to practice law in this state pursuant to Title 32, chapter 2;

One former juvenile court judge or commissioner;

One former superior court judge or commissioner;

One member from a public fiduciary;

One physician who is not a psychiatrist and who is licensed to practice in this state pursuant to Title 32, Chapter 13 or 17;

One member from the corporate industry;

One member from the banking community; and

One member from the insurance industry.

Beginning Calendar Year 1992, the Advisory Board had two vacancies: (1) one member who is not a licensed health care provider pursuant to Title 32 and who is not an employee of a health care institution and (2) one attorney licensed to practice law in this state pursuant to Title 32, chapter 2.

After the Board reviewed applications for the vacancies and made recommendations to the Office of the Governor, Jeanette Hauser was appointed as the member who is not a licensed health care provider pursuant to Title 32 and who is not an employee of a health care institution, and A. Paul Blunt was appointed as the member licensed to practice law in this state pursuant to Title 32, chapter 2. Both appointments were made in June, 1992.

Unfortunately, Judge Warren McCarthy, former Superior Court Judge, resigned in September, 1992, due to illness and a replacement has not yet been appointed.

The Advisory Board ended the calendar year with only one vacancy as aforementioned.

The Board membership for Calendar Year 1992 is depicted on the following page.

Legislative Mandate

The legislative mandate creating the Arizona State Hospital Advisory Board continues to require the production of an annual report to address:

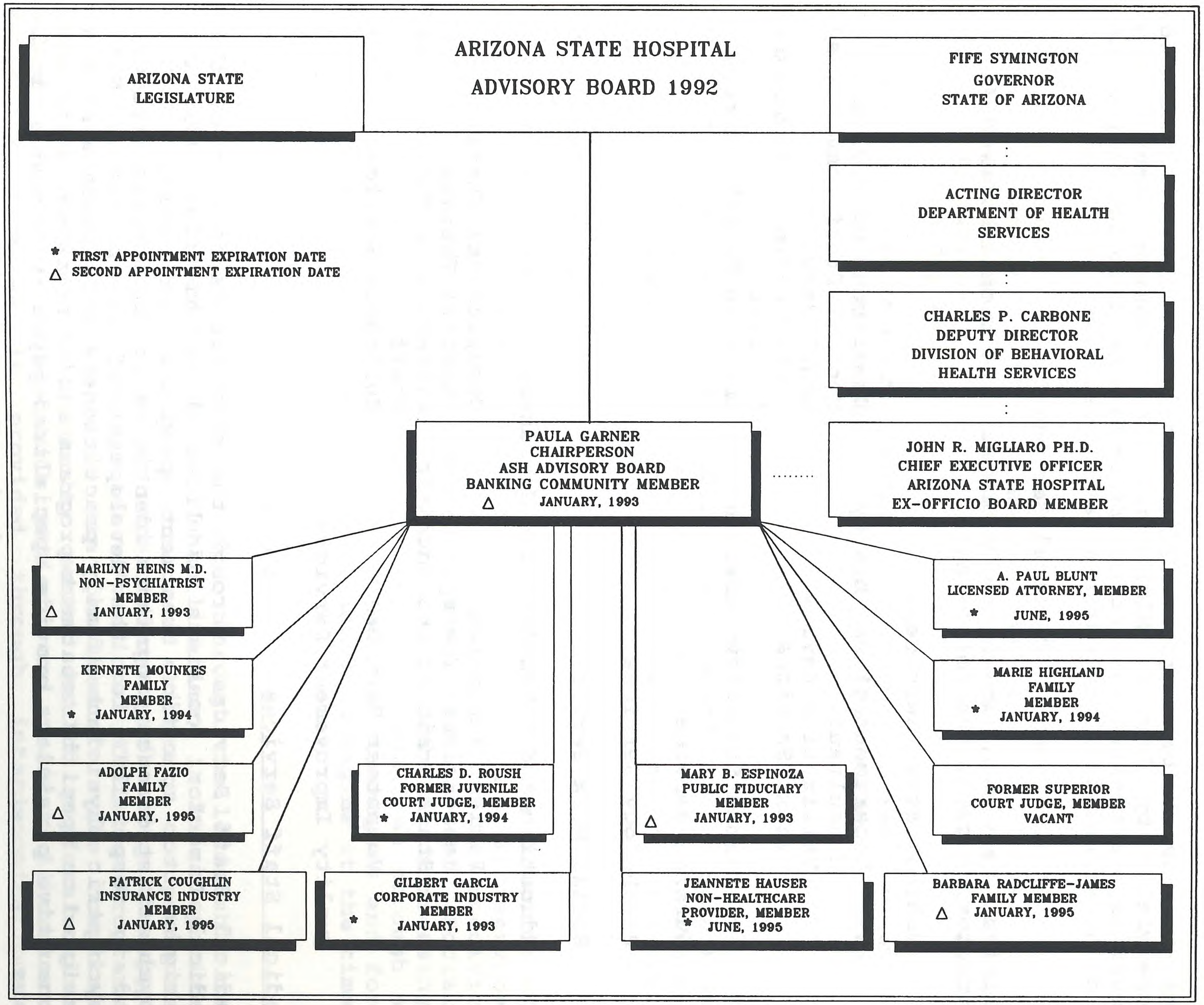
1. the extent to which the state hospital is meeting the needs of the patients;

2. the extent to which the state hospital is effectively participating in the behavioral health continuum of care;

3. legislative recommendations (legal/statutory requirements) for the state hospital; and

4. budget (summary) recommendations for the state hospital.

ARIZONA STATE HOSPITAL
ADVISORY BOARD 1992



II. MEETING THE NEEDS OF THE PATIENTS

The Arizona State Hospital is provided overall direction and supervision by John R. Migliaro, Ph.D., Superintendent. The hospital's organizational structure is divided into two components - clinical services and administrative services.

Clinical Services

Clinical Services, under the clinical direction of the Medical Director, include the following:

Medical Staff Services:

- Department of Psychiatry
- Consultants
- Utilization Review
- Dental Services
- Human Sexuality Services
- Department of Medicine
- Medical Staff Committees
- Legal Services
- Infection Control Services
- Employee Health Services

Nursing Services

Psychology Services

Social Work Services

Education and Rehabilitation Services:

- Patient Education
- Recreational Therapy
- Staff Training and Education
- Volunteer Services
- Occupational Therapy
- Physical Therapy
- Libraries - Patient and Staff
- Religious Services

Quality Improvement Services

Medical Staff Services

Medical Staff Services, through the clinical leadership of the Medical Director, consists of licensed psychiatrists who are assigned to specific treatment programs and units. One psychiatrist on each program is identified as the program director and is responsible for the development of the program. Non-psychiatric physicians (family practitioners and internists) are assigned to specific treatment programs and/or treatment units and consultive physicians provide specialized psychiatric and medical care.

Other specialized services provided through Medical Staff Services include dental services, infection control services, human sexuality services, employee health services, selected legal services, and utilization review.

Nursing Services

Nursing Services, through the leadership of the Nurse Executive Officer, consists of licensed nursing personnel and paraprofessional staff who provide milieu therapy, nursing services and general patient supervision in the various treatment programs on a 24-hour-a-day basis.

Psychiatric Nurse Managers are assigned to specific treatment units to provide direct supervision of all nursing personnel assigned to that unit.

Psychology Services

Psychology Services, through the leadership of the Director of Psychology Services, consists of licensed psychologists, psychology interns, and paraprofessional staff who provide diagnosis, individual and group psychotherapy and consultation on a referral basis.

Social Work Services

Social Work Services, through the leadership of the Director of Social Work Services, consists of hospital social service representatives and supervisors who are assigned to the specific treatment program to provide social work services support. Social Work Services personnel are primarily responsible for addressing the psychosocial needs of patients and their families through a psychoeducational approach in problem-solving strategies and for coordinating the patient's discharge plan which begins at the time of admission.

Education and Rehabilitation Services

Education and Rehabilitation Services, through the leadership of the Director of Education and Rehabilitation, includes special education services for adolescents and children; occupational therapy; recreational therapy; speech/language/hearing therapy; physical therapy; and the patient Vocational Training Program. Staff training and education are provided for the hospital employees as well as community mental health professionals. Library Services include both patient and medical libraries. Religious Services is provided through interdenominational Chaplaincy Services at the hospital.

The staff consists of Protestant, Catholic, and Jewish ministers who provide religious services, pastoral counseling, staff education and an annual Clergy Day Conference open to religious leaders in the community.

Volunteer Services at the hospital provides many direct patient services and assists with recreational activities, a horticulture program, a clothing store, and opportunities for patients to be integrated into the community.

Quality Improvement Services

Quality Improvement Services, through the leadership of the Director of Quality Improvement, is responsible for monitoring and evaluating the quality of patient care, monitoring opportunities to improve patient care, monitoring patients' medical records related to quality care issues, and for supporting each service area in the development and implementation of continuous quality improvement.

Additionally, utilization review activities are conducted to monitor the appropriateness and medical necessity for admission, continued hospitalization and discharge of patients.

The hospital has adopted the guiding quality management principle that the entire hospital, from the Governing Body through direct patient care providers, will be committed to the effort to continually improve patient care.

Treatment Programs and Units

The direct patient clinical services of psychiatry, medicine, nursing, psychology, social work, and education and rehabilitation are provided through treatment programs which are subdivided into treatment units designed to deliver required treatment services. The patient treatment programs and treatment units are as follows:

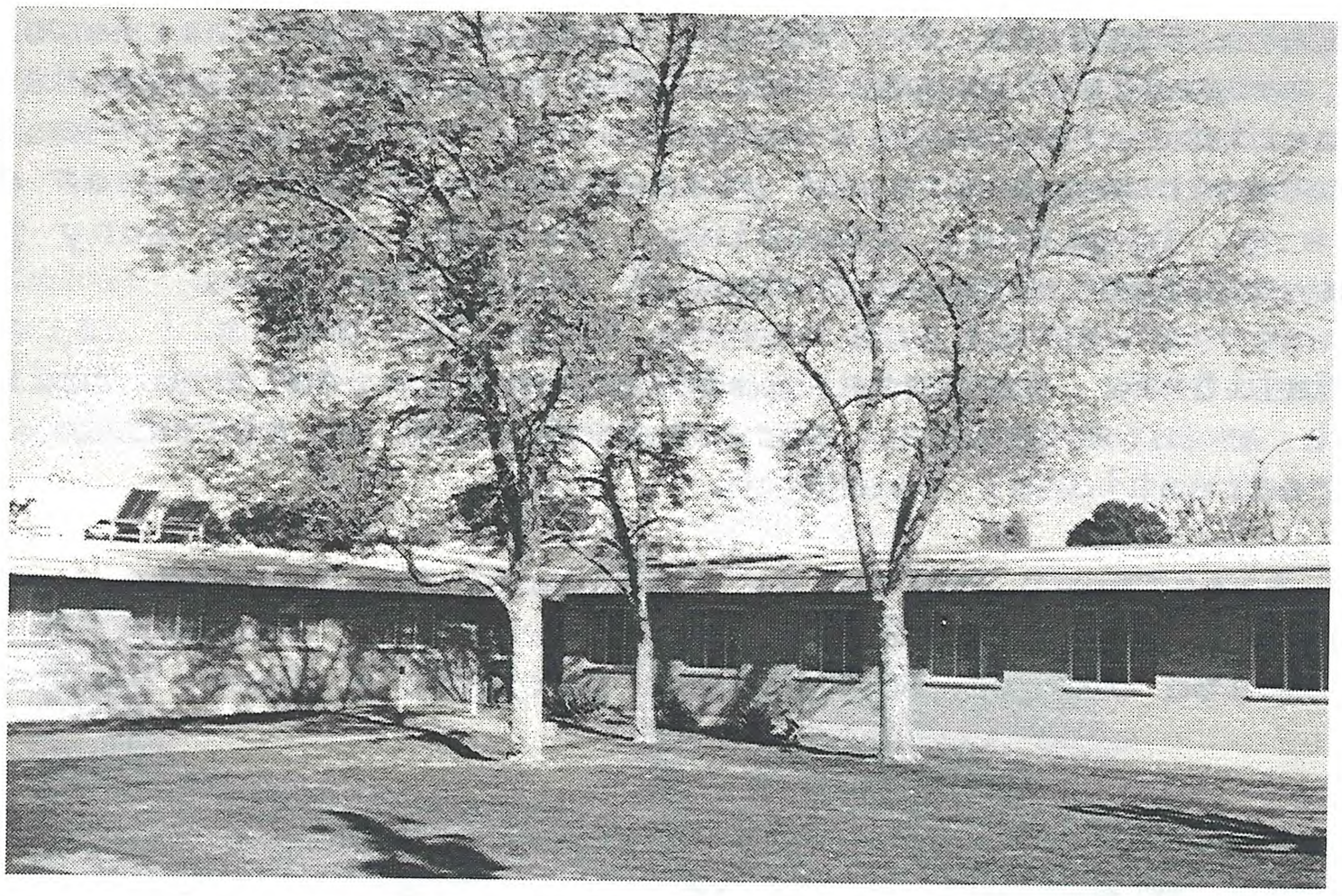
The General Adult Program (GAP)

Units: Kachina 1, Kachina 2, Juniper 5

The General Adult Program serves as the primary reception and admission area for adult patients and is designed to provide diagnostic and assessment services as well as short-term treatment services (average length of stay two months or less). The General Adult Program patients usually have less institutional experience but more characterologic disturbances and higher incidents of drug abuse or legal involvement. Major treatment modalities include psychotropic medication and group or individual psychotherapy focusing on acceptance of treatment and specific discharge plans.

Patients also participate in the development of personal goals, vocational rehabilitation, chemical dependency intervention, intensive preparation for community reintegration and aftercare, leisure and recreational activities, physical care, and reality therapy as needed.

While Kachina 1 is primarily a secure treatment unit with limited off-unit privileges granted, Kachina 2 is a "semi-open" unit with many patients having full grounds privileges and Juniper 5 is an open unit utilizing an active therapeutic community approach to care.



KACHINA BUILDING - KACHINA 2 ENTRANCE

The Psychosocial Rehabilitation Program (PSR)

Units: Juniper 6, Juniper 10, Transitional Living Unit

The Psychosocial Rehabilitation Program serves as the primary treatment program for patients with chronic, less refractory mental disorders. Most patients in this program will require a moderate period of hospitalization (average length of stay approximately 5 - 6 months). Patients tend to have more hospitalizations and require more structured aftercare. The Transitional Living Unit, funded by special appropriations, was closed in November 1992 since the unit was no longer serving those patients for which it was initially designed through the special funding. The special appropriation was reverted to the Division of Behavioral Health Services where it will be utilized for community programs for the seriously mentally ill.

Major treatment modalities include psychotropic medications, psychotherapy to develop insight into reasons for admission, occupational therapy, recreational therapy and chemical dependency interventions.

Juniper 10 serves as the secure treatment unit for the PSR Program and Juniper 6 as a "semi-open" unit.

The Extended Care Program (ECP)

Units: Juniper 2, Juniper 4, Juniper 8

The Extended Care Program serves as the primary treatment program for seriously mentally ill patients who require an extended period of hospitalization (average length of stay approximately 24 months). Treatment emphasis is placed on the activities of daily life skills (e.g. hygiene, dressing, eating) since many patients suffer from coexistent organic mental disturbances.

Treatment modalities include medications, reality orientation group, current events group, structured unit activities, leisure planning and recreational therapy.

Each of these treatment units is designed to provide a safe and secure environment for the patients; therefore, access to off-unit activities is based on the individual patient's functioning level.



JUNIPER BUILDING - PATIENT ENTRANCE

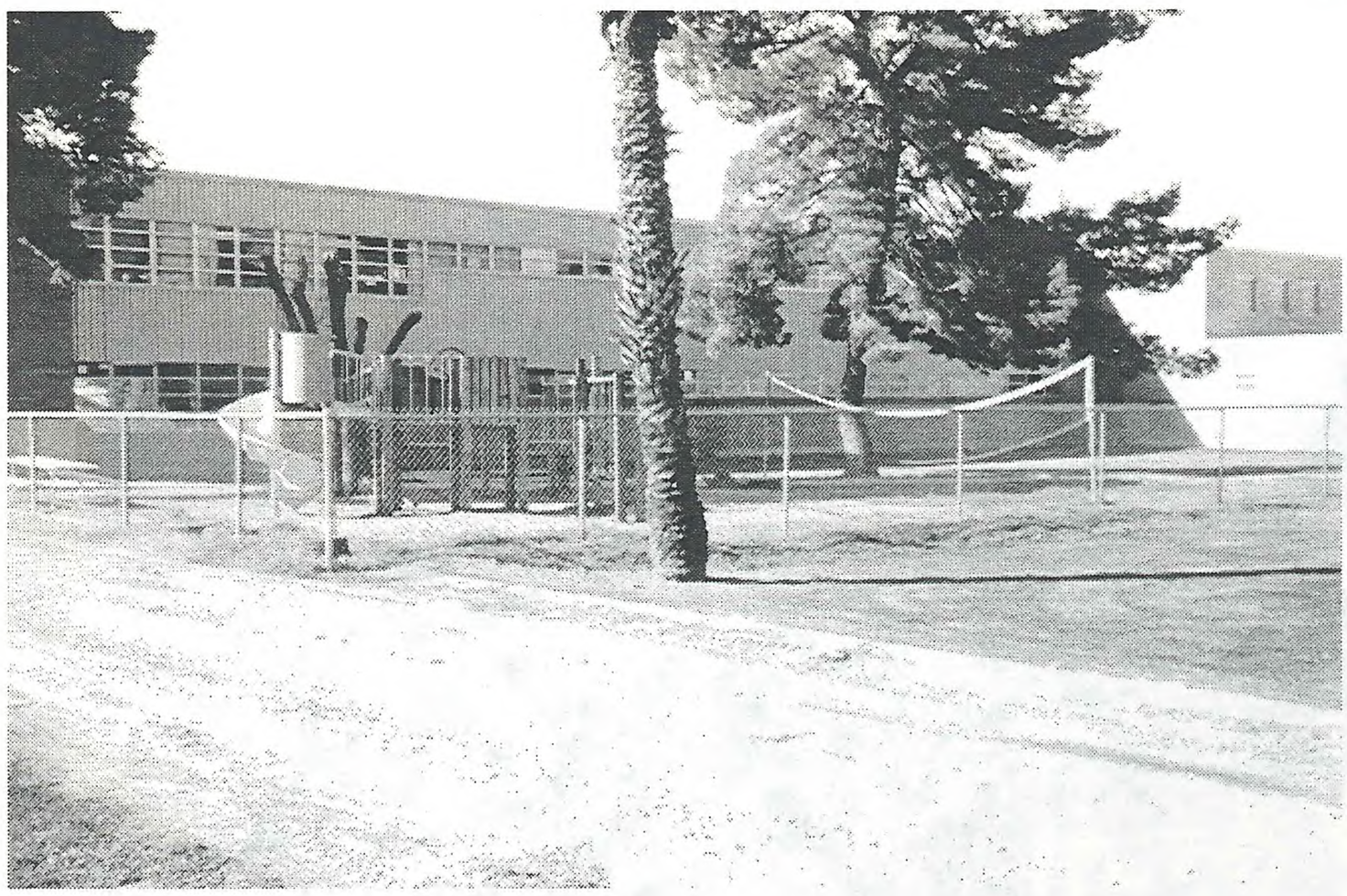
The Geropsychiatry Program (GPP)

Units: Juniper 7, Juniper 9, Granada

The Geropsychiatry Program serves as the primary treatment program for older adult patients with serious mental illness (over 55 years of age) with special needs. Families are involved in placement planning and receive assistance with bereavement, loss acceptance and coping skills.

Primary treatment modalities include supportive care, psychotropic medication, self-care skills, reminiscence groups, community orientation, current events and unit community meetings. Specialized groups in music and art therapy, gardening, cooking and nutrition, and reality orientation are also provided. Medical care is also a vital treatment modality for this population.

The treatment units provide a safe, secure environment for the patients with limited off-unit access due to the severely disabling mental disorders of most of the patients. Off-unit access to various activities is arranged on an individual basis.



GRANADA BUILDING - INCLUDING CHILDREN'S PLAYGROUND

The Behavior Management Program (BMP)

Units: Cholla, Juniper 1

The Behavior Management Program serves as the primary treatment program for seriously mentally ill patients with a potential for violent or dangerous behavior, patients with a high escape risk, and patients with legal requirements on placement (determination of competency to stand trial or commitment for treatment after being found not guilty by reason of insanity). Most patients require a moderate to extended period of hospitalization (average length of stay approximately 12 months).

Treatment modalities include psychotropic medications, psychotherapy focusing on participation with treatment, interpersonal skills training, personal care and rehabilitation, and specific discharge planning. Intensive liaison for community reintegration and aftercare treatment, leisure and recreational activities, reality focusing and modification of pathologic behaviors are also important components of care.

Both Cholla and Juniper 1 provide a secure environment for the patient and limited off-unit privileges are granted on an individual basis.



CHOLLA BUILDING - PATIENT ENTRANCE

The Youth Services Program (YSP)

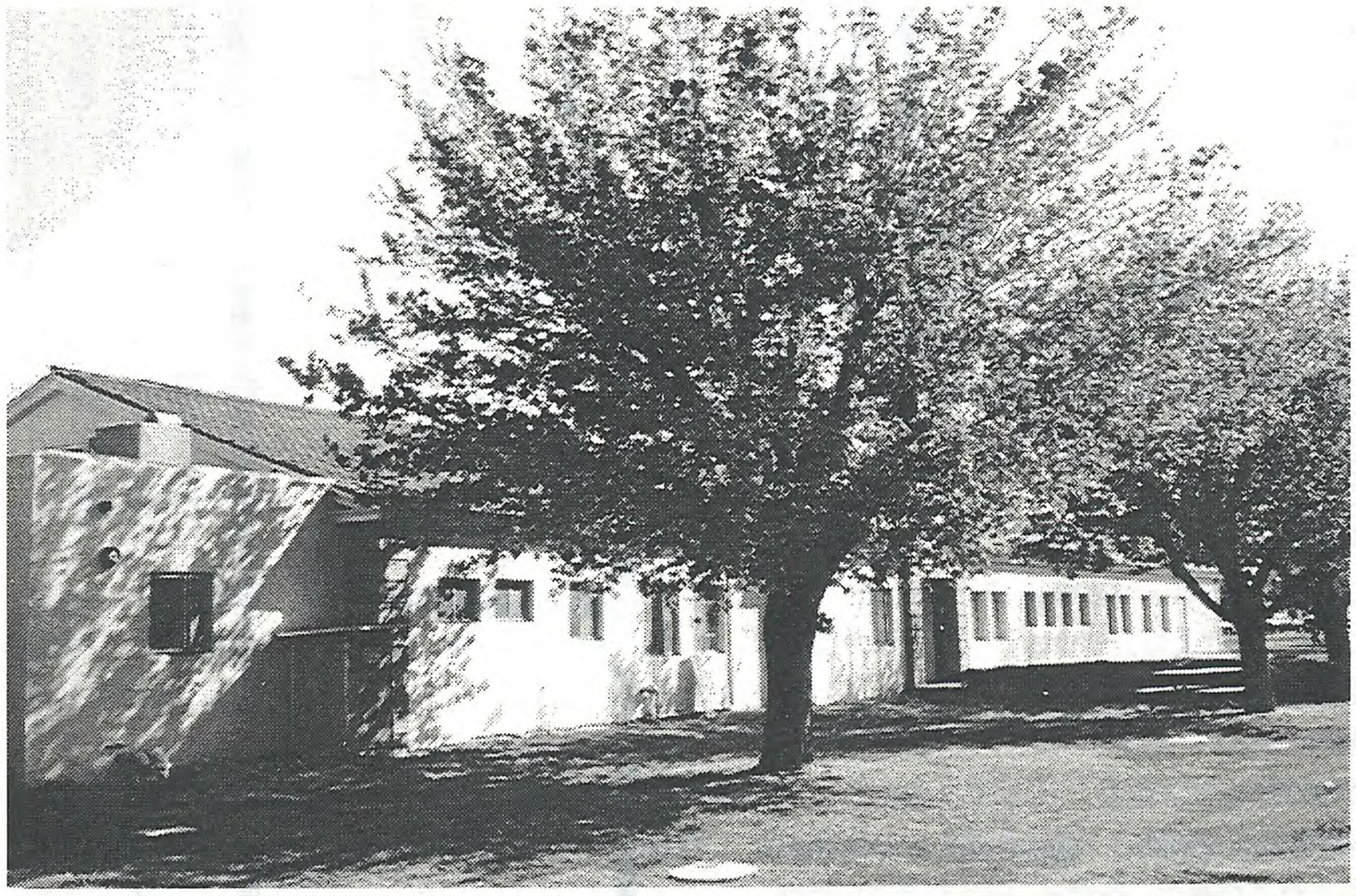
Units: Adolescent Treatment Unit (ATU), Child Treatment Unit (CTU)

The Youth Services Program serves as the admission, assessment and treatment program for children and adolescents (6 through 17 years of age) requiring intermediate term care as a result of a substantial mental disorder (average length of stay approximately 5 months).

Major treatment modalities include individual, group and family therapy, academic rehabilitation, occupational, recreational, and speech/hearing therapy, and psychotropic medication, as appropriate.

Aftercare planning for the patient and family is an essential component of treatment. Active liaison between staff and community also exists to assist families and outpatient caregivers in placement of treatment referrals.

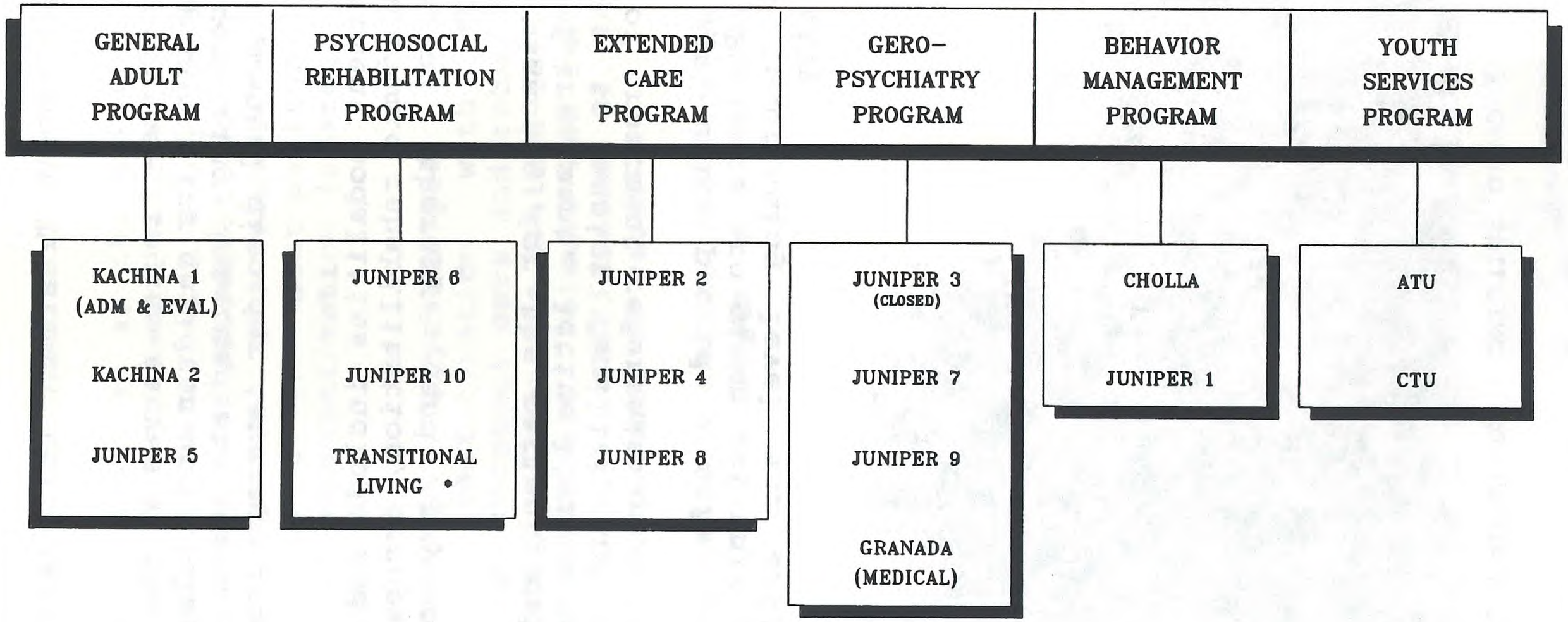
Both treatment units provide a safe, secure environment for the patients. Patients are given off-unit privileges based on their behavioral functioning level and ability to accept personal responsibility.



ENCANTO BUILDING - ADOLESCENT TREATMENT UNIT

"Treatment Units at Arizona State Hospital" on the following page depicts the treatment program/treatment unit organization during Calendar Year 1992.

TREATMENT UNITS AT ARIZONA STATE HOSPITAL



* Transition Living Unit was discontinued in November 1992. Funding was reverted to Community Programs, Division of Behavioral Health Services, ADHS.

Administrative Services

Administrative Services, under the direction and supervision of the Chief Operating Officer, include the following:

Medical Record Services

Ancillary Services:

Fiscal Services	Patient Finance Services
Personnel Services	Security Services
Radiology Services	Pharmacy Services
Laboratory Services	

Support Services:

Dietetic Services	Engineering Services
Safety Management Services	Environmental Services
Groundskeeping Services	Telecommunications Services

Hospital Information Services:

Data Control Services	Project Control Services
Policies and Procedures	Hospital Information Services

Medical Records Services

Medical Records Services is responsible for the general maintenance of the patients' medical records, both current and historical, for monitoring specific established standards, and for providing the secretarial pool to transcribe various clinical patient reports.

Ancillary Services

Ancillary Services is responsible for the operation of the hospital through monitoring the allocated budget, providing patients with limited finance services, and for providing the hospital's security services. Personnel Services is responsible for coordinating the hiring of employees, providing the initial introduction of new employees to the hospital, and maintaining employee personnel records. Additionally, pharmacy, laboratory and radiology services are provided with each of these services receiving clinical consultation from the Medical Director and/or Medical Staff Committees, as needed.

Support Services

Support Services is responsible for ensuring a safe and therapeutic environment, providing a full range of dietetic services, providing the "day-to-day" needs of the patients, e.g. environmental services, maintenance of both the hospital buildings and the surrounding grounds, and maintenance of the telecommunication systems.

Hospital Information Services

Hospital Information Services is responsible for initiating the patients' medical records at the time of admission, entering required patient information into the computerized patient data system, computerizing, maintaining, and reporting various hospital data, developing hospital policies and procedures, maintaining special project control, and providing general hospital information as requested by various sources.

Patient Statistics

Patient admission characteristics for Calendar Year 1992, indicating admission diagnosis, gender, admission age, race, and legal status, are depicted on page 17. The legal status data indicate that court-ordered treatment accounted for 696 or 84% of the admission during the year.

A total of 827 patients were admitted to the hospital, a 2% decrease in admissions compared to 1991 (844). The number of patients discharged in 1992 was 845, compared to the number of discharges in 1991 (842). "A Comparison of Admissions and Discharge Rates, Calendar Year 1992" (page 18) provides specific monthly admission and discharge data. The average daily census during 1992 was 534, a decrease of 23 compared to 1991 which had an average daily census of 557.

Admissions by County for Calendar Year 1992 are depicted on page 19. Maricopa County accounted for 693 of the total admissions, Pima County accounted for 41, Pinal County accounted for 22, Gila County accounted for 14, Yuma County accounted for 12, and Yavapai County accounted for 10. The remaining counties accounted for less than 10 patient admissions each.

Statistical Observation

The vast majority of service utilization during 1992 came from Maricopa County with 693 admissions while Pima County was able to reduce their utilization of hospital services with only 41 admissions. Maricopa County admissions increased by 26 (4%) while Pima County admissions decreased by 56 (58%). "Calendar Year 1992 Admissions by County" (page 19) provides specific county admission data from 1992. Since the majority of the state's population is located in Maricopa County, it is understandable this population center would utilize the services of the hospital to a much greater extent than the remainder of the counties, but it appears that Maricopa County may be over utilizing the hospital. Prior to July 1992, Maricopa County was served by three administrative entities, the Community Care Network (CCN), the Community Organization for Drug Abuse, Mental Health and Alcohol (CODAMA), and the East Valley Behavioral Health Services (EVBHS).

Effective July 1992, Maricopa County began receiving services through only one Regional Behavioral Health Authority (ReBHA) [previously referred to as an administrative entity] and the Community Organization for Drug Abuse, Mental Health and Alcohol (CODAMA) was awarded the contract to provide required services.

Two of the major responsibilities of the Regional Behavioral Health Services Authority (ReBHA) were to designed, implement, and utilize community-based mental health services alternatives and to actively assist in the coordination of discharge efforts for patients at the hospital, usually the geriatric patients, who no longer benefit from active treatment.

The Regional Behavioral Health Services Authorities have varied in abilities to meet their responsibilities. Since the consolidation of the three administrative entities serving Maricopa County into one Regional Behavioral Health Authority (CODAMA) and due to the large population of residents in Maricopa County, and subsequently the large population of individuals requiring mental health services, CODAMA has not been as effective as some other Regional Behavioral Health Authorities in coordinating the discharge efforts for hospitalized patients who no longer benefit from active treatment, in providing the required community-based services, and in providing alternative mental health services for individuals rather than inpatient services at the Arizona State Hospital.

The Advisory Board's observation of the effectiveness of the Regional Behavioral Health Authorities is based on a comparison of calendar year patient admissions to the hospital by county. For example, in calendar year 1991 Pima County accounted for 97 (11.5%) hospital admissions, but during calendar year 1992, Pima County which is served by Arizona Center for Clinical Management (ACCM),

accounted for only 12 (5.0%) of the admissions, a decrease of 6.5% in the total admissions to the hospital. In calendar year 1991 Maricopa County accounted for 667 (79.0%) admissions but during calendar year 1992, Maricopa County which has been served by CODAMA since July 1992, accounted for 693 (83.8%) admissions, an increase of 4.8% in the total admissions to the hospital. In calendar year 1991 Pinal County accounted for 9 (1.0%) admissions but during calendar year 1992, Pinal County which has been served by Pinal/Gila Behavioral Health Authority (PGBHA), accounted for 22 (2.7%) admissions, an increase of 1.7% in the total admissions to the hospital. The remaining counties decreased utilization of hospital services or utilized the services so sparingly that the variations in percentages are minimal.

The Advisory Board position is that unless the Regional Behavioral Health Authorities are effective in fulfilling their responsibilities to design, implement, and utilize community-based mental health services alternatives and to actively assist in the coordination of discharge efforts for patients at the hospital, usually the geriatric patients, who no longer benefit from active treatment, the hospital will be unable to adequately achieve their goal to reduce the hospital census and provide specialized services and will be unable to fulfil their future role in the state wide mental health system.

Patient Admission Characteristics for 1992

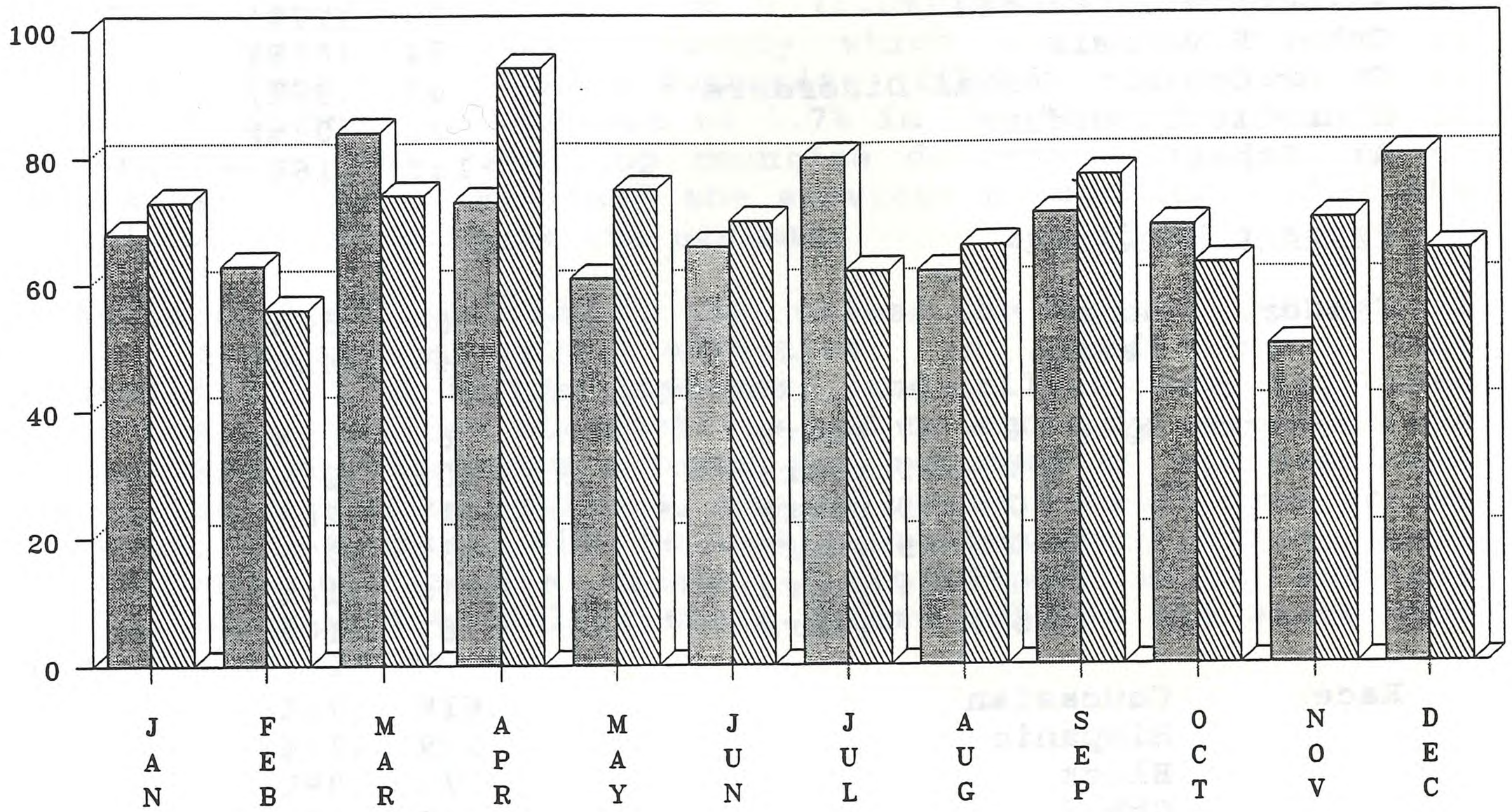
Admission Diagnoses:

Schizophrenia Disorders	355	(43%)
Affective Psychosis	220	(27%)
Other Psychosis	54	(06%)
Other Organic Mental Disorders	42	(05%)
Neurotic Disorders	21	(03%)
All Other	137	(16%)

Patient Profiles:

Gender:	Male	481	(58%)
	Female	346	(42%)
Admission Age:	04 - 17 years	66	(08%)
	18 - 29 years	208	(25%)
	30 - 39 years	217	(26%)
	40 - 49 years	137	(17%)
	50 - 64 years	116	(14%)
	65 + years	83	(10%)
Race:	Caucasian	618	(75%)
	Hispanic	109	(13%)
	Black	73	(09%)
	Other	27	(03%)
Legal Status:	Court-order Treatment	696	(84%)
	Voluntary Admission	43	(05%)
	Placement by Guardian	33	(04%)
	Juvenile Commitment	28	(03%)
	Other	27	(03%)
First Admissions:		50%	

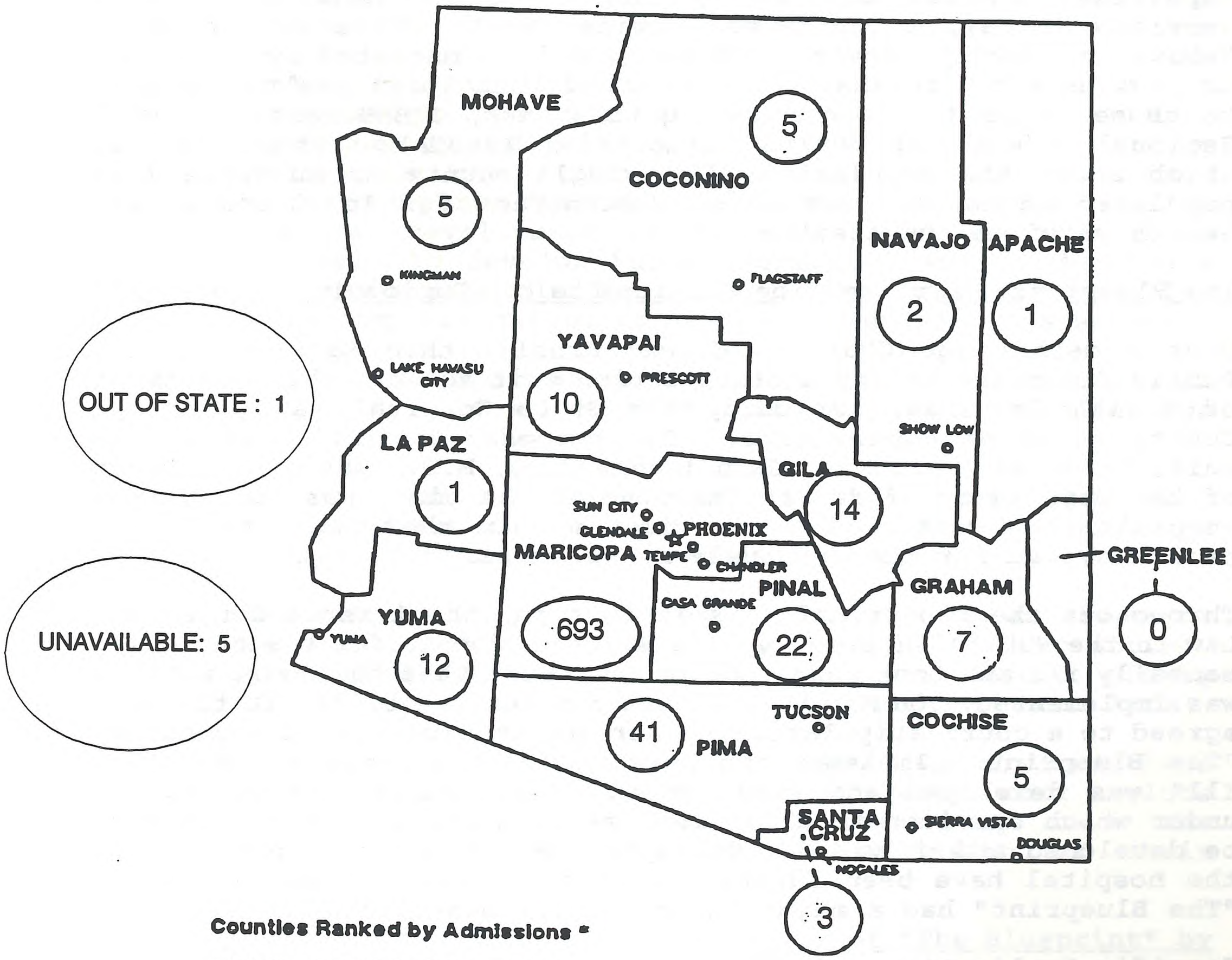
A COMPARISON OF ADMISSION AND DISCHARGE RATES CALENDAR YEAR 1992



MONTH	ADMISSIONS	DISCHARGES
JANUARY	68	73
FEBRUARY	63	56
MARCH	84	74
APRIL	73	94
MAY	61	75
JUNE	66	70
JULY	80	62
AUGUST	62	66
SEPTEMBER	71	77
OCTOBER	69	63
NOVEMBER	50	70
DECEMBER	80	65
TOTAL	827	845

STATE OF ARIZONA

CALENDAR YEAR 1992 ADMISSIONS BY COUNTY



Counties Ranked by Admissions *

TOTAL ADMISSIONS = 827

1	Maricopa	693	9	Coconino	5
2	Pima	41	10	Mohave	5
3	Pinal	22	11	Santa Cruz	3
4	Gila	14	12	Navajo	2
5	Yuma	12	13	Apache	1
6	Yavapai	10	14	La Paz	1
7	Graham	7	15	Greenlee	0
8	Cochise	5	16	Out Of state	1
			17	Unavailable	5

III. PARTICIPATION IN THE BEHAVIORAL HEALTH CONTINUUM OF CARE

The Arizona State Hospital (ASH), as a part of the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS), coordinates services with Office of Community Behavioral Health Services (OCBHS) which is mandated by state law to provide a comprehensive continuum of behavioral health services to those in need. In completing this task, OCBHS contracts with Regional Behavioral Health Authorities (ReBHA). These ReBHAs, which serve the population of a single county or multiple less populated counties, provide or subcontract for localized mental health services and treatment.

The Blueprint: Implementing Services to the Seriously Mentally Ill

Over a decade ago Charles "Chick" Arnold, then Maricopa County Public Fiduciary, filed a class action suit against the Department of Health Services, including the State Hospital, and Maricopa County Board of Supervisors. The purpose of this class action suit, known as Arnold vs. Sarn [James Sarn, M.D., was the Director of the Department of Health Services at the time] was to ensure a comprehensive continuum of services within the community mental health system for the seriously mentally ill.

Throughout the history of this litigation, the Arizona Center for Law in the Public Interest was an active advocate for the seriously mentally ill and took court action to assure that the court mandate was implemented. On May 6, 1991 all parties identified in the suit agreed to a court stipulation, order and appointment of a monitor. "The Blueprint: Implementing Services to the Seriously Mentally Ill" was developed and implemented to establish the guidelines under which services to class members identified in the suit must be developed and provided. Since the majority of the patients at the hospital have been identified as class members in this suit, "The Blueprint" had a major impact on the hospital.

Specific Implications of "The Blueprint" on the Hospital

The highlights of "The Blueprint" impacting on the hospital's specific services, timelines and requirements for class members are:

1. DHS must ensure, through the development of community services, that only class members with documented medical necessity are admitted to the hospital and that they are discharged into appropriate community settings as soon as hospitalization is no longer medically necessary.

2. DHS must engage in an evaluation process of class members with a hospitalization of over 90 days in order to plan for community services.

3. DHS must compile a written report on the evaluations which must indicate the number of hospital long-term residents that can be more appropriately served in the community and describe the numbers and types of alternative community services needed by class members. Subsequently, DHS must use the results of this report to assist in the future development of individualized treatment plans for the class members evaluated, to plan for the development of community services for class members, to develop budget requests, and to develop a placement schedule for placement of class members for whom hospitalization is no longer medically necessary.

4. DHS must ensure that each class member at the hospital is assigned a case manager and that active discharge planning is undertaken.

5. DHS must compile comprehensive quarterly written reports that indicate compliance with "The Blueprint" to be submitted to counsel for plaintiffs and the monitor.

6. DHS must not construct, develop, build or undertake major renovation of beds at ASH or propose such construction, development, building or renovation, beyond ninety behavioral management beds and forty youth service beds.

7. DHS must develop a plan of incentives and disincentives for the utilization of the hospital, which must include a plan whereby the clinical teams may have the responsibility for payment for admission of their clients.

Efforts to Achieve the Specific Implications of "The Blueprint" by the Hospital

To achieve the specific requirements of "The Blueprint", the hospital expended extensive efforts during Calendar Year 1992 by completing the following:

1. Ensuring each patient admitted received a comprehensive psychiatric evaluation by a psychiatrist to ensure appropriate utilization of hospital resources.

2. Completing a comprehensive review and evaluation for each class member who had a hospital length of stay greater than ninety days.

3. Revising and implementing the hospital's Individualized Treatment and Discharge Plan to more adequately meet the required individualized patient treatment standards.

4. Revising the patient admission process to ensure each class member has an identified case manager, who is to attend patient progress staffings and provide coordination between hospital services and community services.

5. Purchasing fax machines to ensure prompt exchange of clinically pertinent patient issues with the case managers.

6. Establishing a mechanism to credential case managers and establishing a section of the patients' medical records in which the case managers may document patient progress toward achievement of established goals and objective plus discharge.

7. Providing the Office of the Monitor a comprehensive written quarterly report which includes a "barrier to discharge" indication for all class members with an inpatient length of stay greater than ninety days.

8. Meeting monthly with the Regional Behavioral Health Authorities to facilitate integrated treatment and discharge plans for all class members to ensure compliance with the "Blueprint."

9. Meeting weekly with the Community Organization for Drug Abuse, Mental Health and Alcohol (CODAMA), the Regional Behavioral Health Authority representing Maricopa County, to assist in developing special community-based service providers for the elderly hospital patients which was funded through a special appropriation.

10. Participating in meetings with the Office of the Monitor to discuss problems with the inability to reduce the hospital census.

11. Participating in the rule making process for patient rights and Title 9, Chapter 21.

12. Participating in staff training on the new administrative rules to comply with the standards established by "The Blueprint."

13. Completing an Office of the Monitor compliance audit to evaluate the hospital's achievement of "The Blueprint" requirements which resulted in the following summation highlights:

    A. The hospital has made significant improvement in ensuring class members have an assigned case manager while an inpatient.

    B. The hospital has made improvement in ensuring the class member and the case manager participate in the development of the Inpatient Treatment and Discharge Plan (ITDP) and in involving the case manager as a member of the hospital treatment team.

    C. The hospital needs to increase communication with the community team and encourage community clinical team members to participate with the class members while inpatients.

    D. The hospital needs to encourage the community clinical team's involvement in the discharge planning process.

Continued efforts by the hospital to more fully implement the "Blueprint" should assist in reducing the hospital census provided hospital admissions can also be reduced. If the hospital census declines, the hospital's clinical and administrative staff will be able to concentrate efforts to provide more comprehensive and specialized treatment services for patients in the Behavior Management Program and in the Youth Services Program.

IV. LEGAL/STATUTORY REQUIREMENTS

A brief summation of the Arizona criminal and civil statutes which govern Arizona State Hospital patient admission and discharges are set forth below. This summation represents a very general description of comprehensive legal procedures.

Rule 11 - Arizona Rules of Criminal Procedure

Rule 11 provides for an individual's commitment for evaluation and determination of whether an individual charged with a criminal offense is competent to stand trial. If the individual is currently incompetent, but likely to regain competency, the court may commit the individual for an indefinite period, but not to exceed 6 months or the individual's earlier attainment of competency. If the individual is determined to be incompetent to stand trial and not likely to regain competency, the individual may be civilly committed pursuant to Title 36 as a danger to self, others, gravely disabled, or persistently or acutely disabled.

Title 8, Arizona Revised Statutes

Title 8 provides for a juvenile commitment for an indefinite period of time up until the age of majority, with 6-month reviews of the individual's need for inpatient hospitalization. Juveniles may also be committed pursuant to Title 36, Arizona Revised Statutes.

Title 13, Arizona Revised Statutes

Title 13 provides that a defendant charged with a criminal offense, who is found to be not guilty by reason of legal insanity, may be committed to the Arizona State Hospital for an indefinite period of time, with periodic reviews as set forth by law.

Title 31 - Arizona Revised Statutes

Title 13 provides that female inmates from the Department of Corrections may be transferred to the Arizona State Hospital, either on an emergency basis, or upon a petition for transfer, if the Department of Corrections can no longer provide adequate psychiatric treatment to these mentally ill prisoners.

Title 36, Arizona Revised Statutes

Title 36 provides that individuals may be civilly committed for court-ordered treatment if they are either a danger to self, a danger to others, gravely disabled or persistently or acutely disabled.

Title 36, Arizona Revised Statutes, Guardianships

Title 36 Guardianships provides that if an individual is determined to be mentally ill, a result of which renders the individual gravely disabled, and the individual is therefore unable to make decisions regarding the individual's need for treatment, the court may order a guardianship. The guardian has the power to place and replace the individual in a mental health treatment facility. The guardianship is effective for a period of one year, which may be renewed annually, after a petition to the court is filed by the guardian.

Title 14, Arizona Revised Statutes, Guardianships

Title 14 provides that if a court finds an individual incompetent to make decisions regarding the individual's own well-being and the individual needs a guardian to act in the individual's best interest in making such decisions, a guardian may be appointed. The individual need not be mentally ill to require a guardian. The guardian does not have the power to place or replace the individual in a mental health treatment facility. The guardianship is for the life of the individual and need not be renewed; however, it may be terminated if the individual regains competency.

The Advisory Board remains committed to uphold the rights of patients. Confidentiality and privacy are among those rights. Board members have continued to advocate with the Legislature to ensure legislation that maintains a safe and therapeutic environment for patients at the Arizona State Hospital. The Board also advocates for laws to provide accountability for care of patients and a comprehensive inpatient continuum of care.

V. FINANCIAL SUMMARY AND RECOMMENDATIONS

Financial Summary - Fiscal Year 1991-1992

The "Financial Summary, Fiscal Year 1991-1992" indicating funding sources, expenditures, and collections for the hospital during Fiscal Year 1991-1992 is depicted on page 29.

The "Daily Cost per Patient by Program, Fiscal Years 1989-1990, 1990-1991, and 1991-1992" is depicted on page 30. This chart indicates the daily cost for one patient in each of the various program and provides an average daily cost for one patient day.

Management's Discussion of Estimated Expenditures and Budgetary Requirements for Fiscal Year 1992-1993*

Personnel Services

Personnel services annual expenditures are projected at $20,765,371 with an estimated shortfall of $2,032,815. The projected shortfall is due to a reduction of funding for Fiscal Year 1992-1993. Staff to patient ratio is approximately 1.75 to 1.

Employee Related Expenses (ERE)

Employee related expense expenditures are based on a 27.0% allocation rate based on actual expenditures. Employee related expenses (ERE) annual expenditures are projected at $5,515,223 with an estimated shortfall of $296,565.

Professional/Outside Services

Professional/outside services projected expenditures are based on current contractual requirements. The projected expenditure of $2,824,821 represents a $238,321 or 9.2% increase from the Fiscal Year 1991-1992 level of $2,586,500.

Food

Food expenditures are estimated at $848,806. Projected food expenditures are based on current expenditure levels for raw food items and on menu adjustments by registered dietitian consultants as recommended by the Auditor General's office.

* Estimated expenditures are projected based on actual expenditure through December 1992.

Other Operating

Other Operating annual expenditure projections are based on actual year-to-date expenditures. As such, it is projected that Fiscal Year 1992-1993 expenditures will exceed Fiscal Year 1991-1992 levels by about 15 percent. Increases in Other Operating are due to the hospital's aging physical plant, increases in utilities, and increases due to expenses associated with the increased costs of medication and medical supplies.

Board's Response to the Fiscal Year 1992-1993 Budget

The Board continues to express its concern over recurring diversions of the hospital's budgeted funding by the Department of Health Services in order to meet other departmental needs. Such reductions of money by the Department have created serious mid-year budget problems that may result in staffing reductions at the hospital which may result in jeopardizing the hospital's Medicare Certification with the Health Care Financing Administration and the hospital's accreditation with the Joint Commission on Accreditation of Healthcare Organizations.

The Board recommends, in the strongest possible terms, that the Governor establish an executive policy that will stabilize the hospital's budget and prevent mid-year reductions below approved funding.

Budget Recommendations for Fiscal Years 1993-1994 and 1994-1995

The following budget recommendations are endorsed by the Board for fiscal years 1993-1994 and 1994-1995.

Personnel Services

1. Provide sufficient funding to maintain a 1.8 to 1 staff to patient ratio to provide adequate care and treatment for the patients.

2. Provide sufficient funding to increase personnel for the required professional services, specifically licensed nurses and physicians, in response to deficiencies noted by various accrediting agencies, i.e. the Joint Commission on Accreditation of Healthcare Organizations, the Health Care Financing Administration [Medicare Certification], and State Licensure.

Other Operating

1. Provide sufficient funding for expenses to meet the needs of the hospital's patient census.

Capital Outlay/Building Renewal

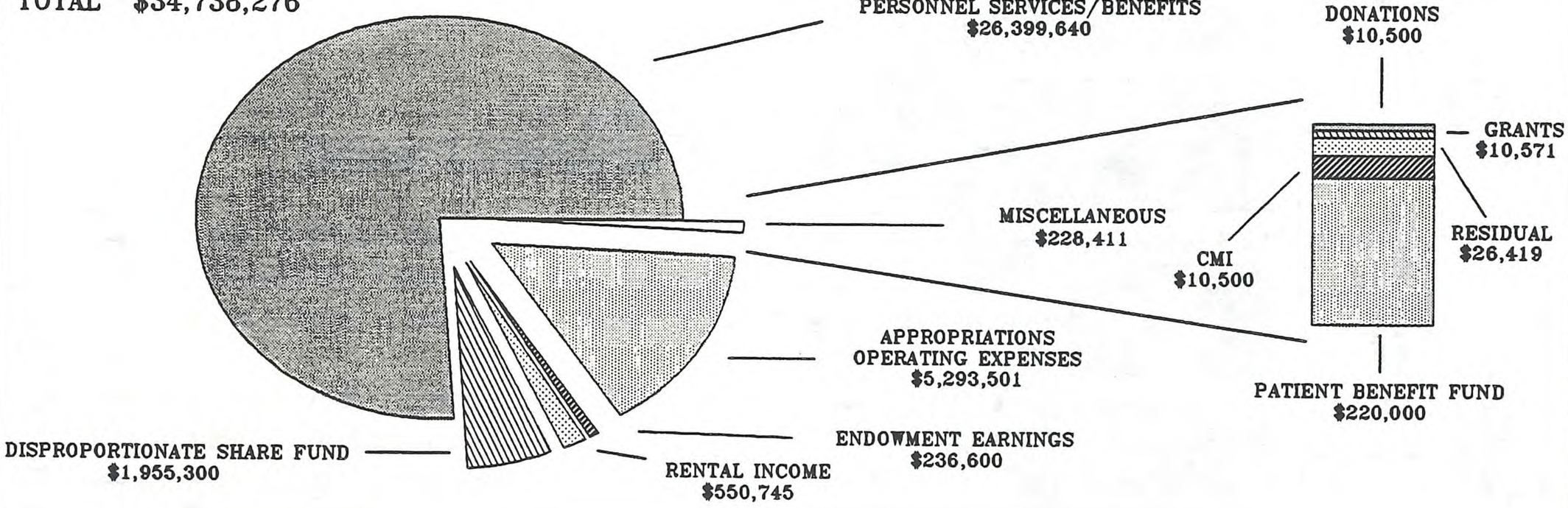
1. Provide funding for the hospital projects in the ADHS Capital Outlay/Building Renewal Five (5) Year Plan as scheduled.

2. Provide funding additional hardware, including terminals, modems, communications services and printers to provide the necessary services to fulfill the ever increasing statistical requirements of the hospital which is indicated as an objective in the ADHS Office of Management Information Systems' Three Year Plan, Fiscal Years 1992-93, 1993-94, and 1994-95.

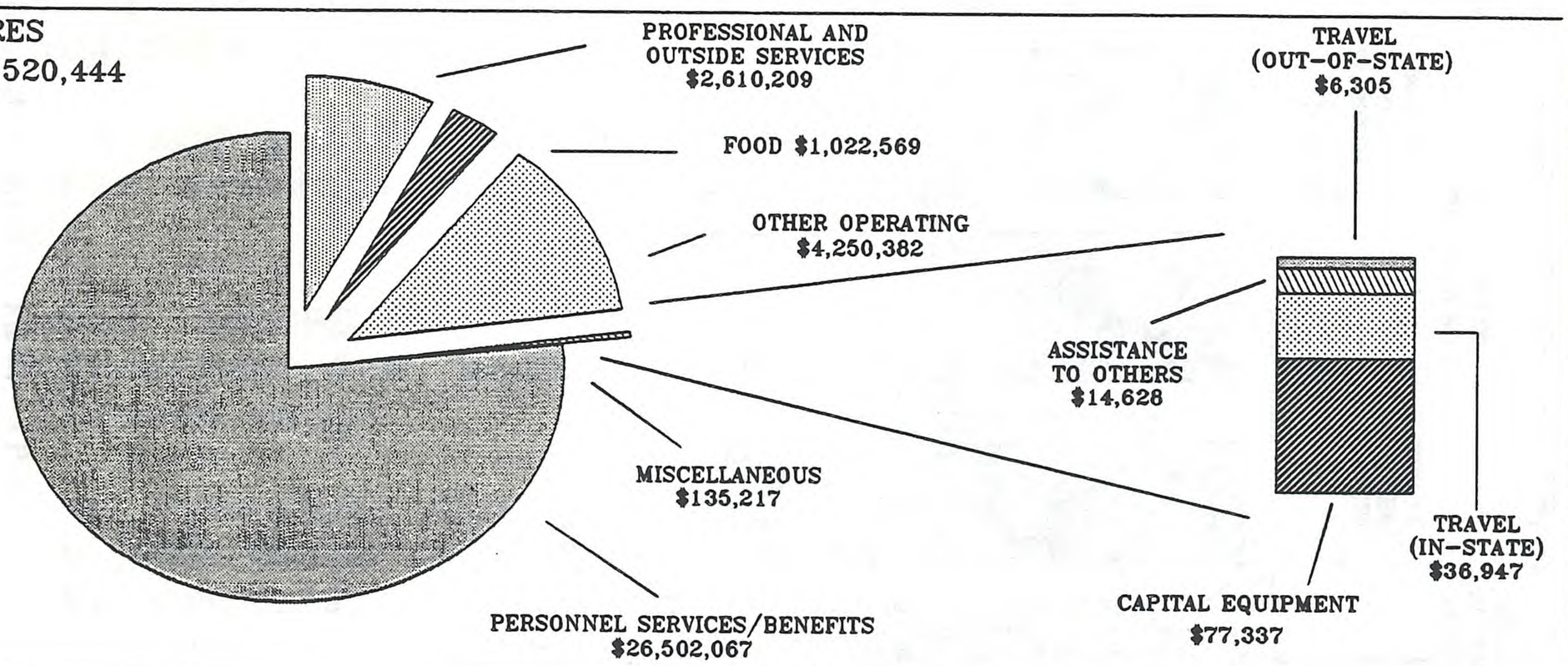
3. Provide funding to expand the hospital's communicative ability through online, interactive office systems, such as word process and record keeping to enable all treatment units to share collective data which is also indicated as an objective in the ADHS Office of Management Information Systems' Three Year Plan, Fiscal Years 1992-93, 1993-94, and 1994-95.

ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 1991 - 1992

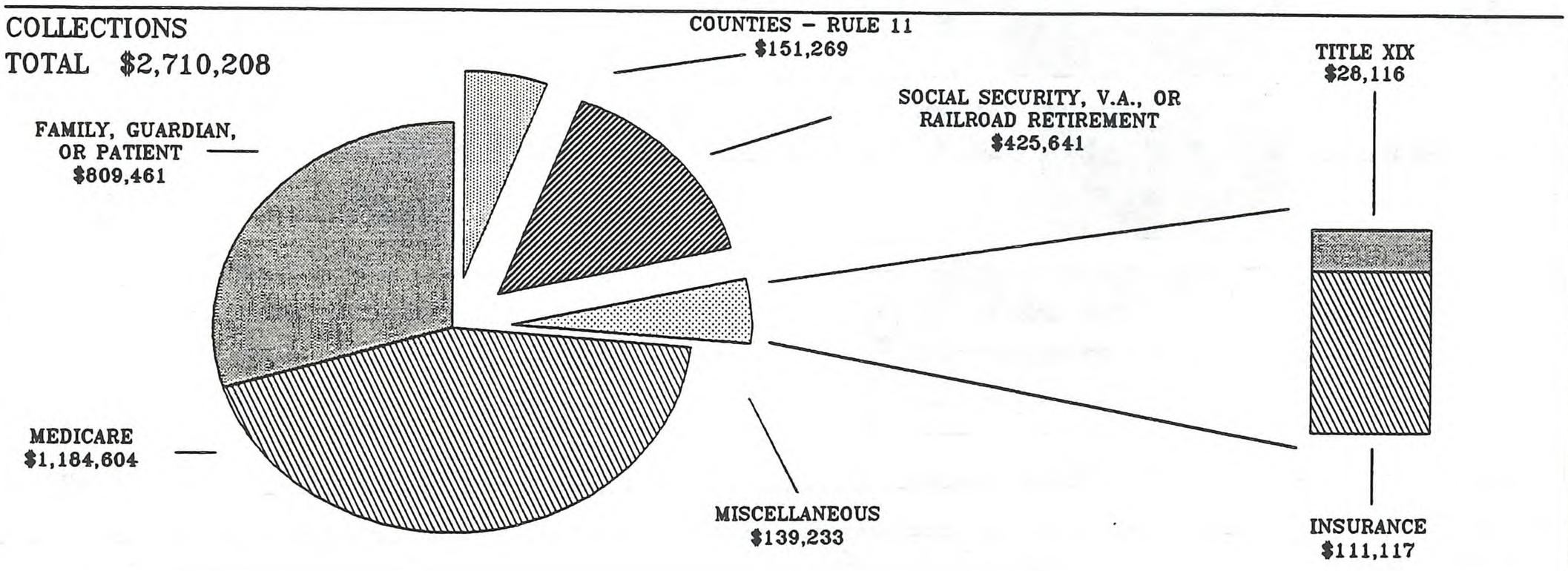
FUNDING SOURCES
TOTAL $34,738,276

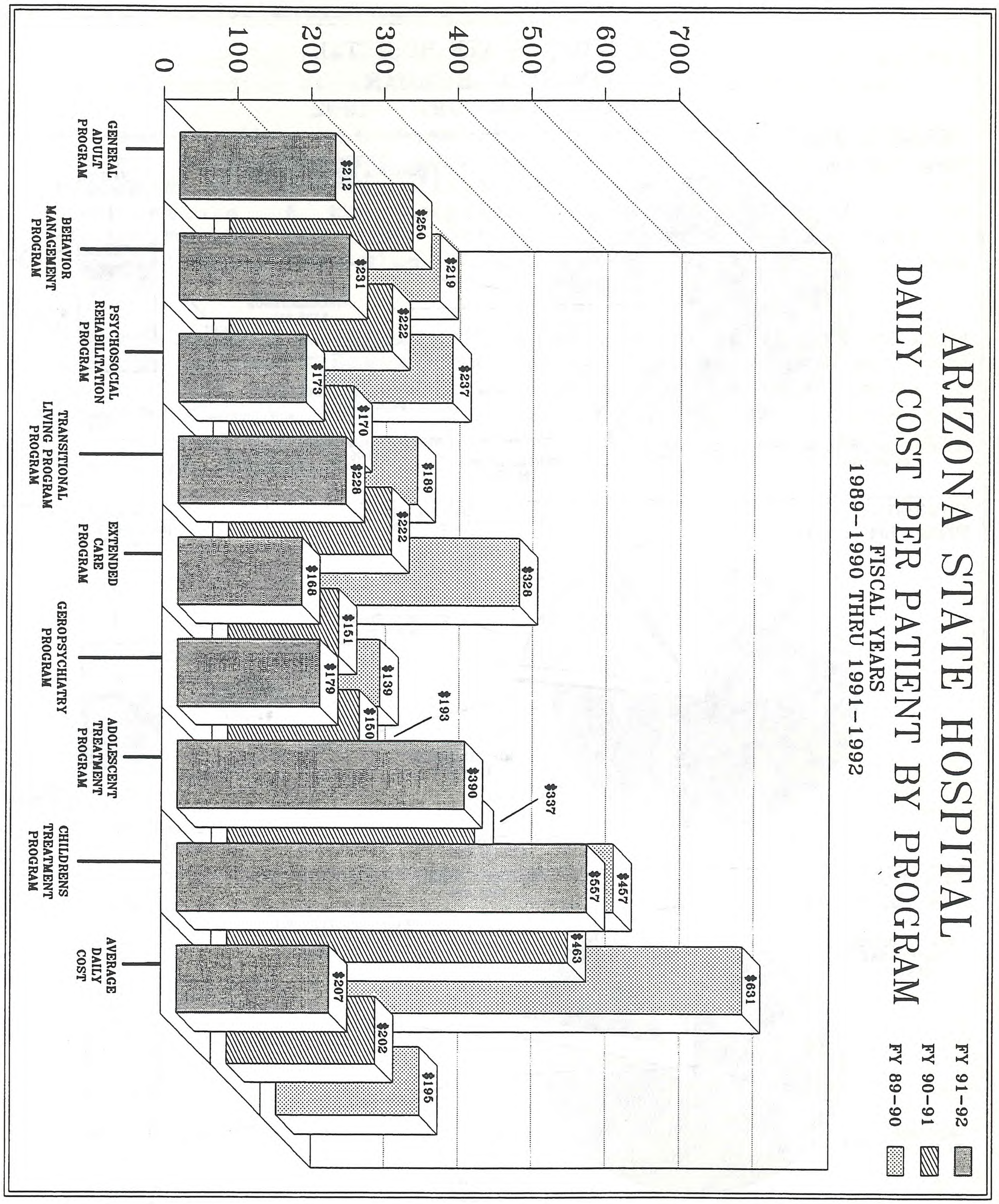


EXPENDITURES
TOTAL $34,520,444



COLLECTIONS
TOTAL $2,710,208




ARIZONA STATE HOSPITAL
DAILY COST PER PATIENT BY PROGRAM
FISCAL YEARS
1989-1990 THRU 1991-1992
0
100
200
300
400
500
600
700
GENERAL ADULT PROGRAM
$212
$250
$219
BEHAVIOR MANAGEMENT PROGRAM
$231
$222
$237
PSYCHOSOCIAL REHABILITATION PROGRAM
$173
$170
$189
TRANSITIONAL LIVING PROGRAM
$228
$222
$328
EXTENDED CARE PROGRAM
$168
$151
$139
GEROPSYCHIATRY PROGRAM
$179
$150
$193
ADOLESCENT TREATMENT PROGRAM
$390
$337
CHILDRENS TREATMENT PROGRAM
$457
$557
$463
$631
AVERAGE DAILY COST
$207
$202
$195
FY 89-90
FY 90-91
FY 91-92

VI. CONCLUSION

During Calendar Year 1992 the Arizona State Hospital Advisory Board accomplished many statutory and personal objectives. The Board established specific goals and objectives to achieve, both formally and informally, and although all were not fully achieved, significant progress was noted and specific efforts for attainment will continue.

Advisory Board
Accomplishments for Calendar Year 1992

Held an Advisory Board retreat and established sub-committees to address issues related to 1) the continuum of care, 2) legislative issues, and 3) patient advocacy.

Coordinated closely with hospital administration in problem-solving, addressing both positive and negative issues, and discussing proposed changes; this included reviewing and approving the "rightsizing" of the hospital census and its changing role in the state wide mental health system;

Attended and participated in the hospital Patients' Rights Committee meetings and monitored compliance with patients' rights;

Convinced ACCCHS to accept additional forms of patient identification for patient eligibility other than birth certificates only;

Provided oversight for the completed hospital bicycle and jogging path which is part of the Willis H. Bower Park on the hospital grounds; this effort was completed after a fund raiser, which exceeded the goal of $6000, and the acquisition of an additional $2000 from the Arizona Center for the Arts;

Continued to seek significant donations of time and materials from Arizona businesses to enhance the quality of life for the patients;

Continued to support hospital-based and community-based education programs and activities to enhance the community's awareness of the hospital and the needs of the patients served;

Participated in the Endowment Fund application review process;

Implemented a successful recruitment campaign to fill Advisory Board membership vacancies; Calendar Year 1992 ended with only one vacancy due to a resignation of a member due to illness;

Provided notification to the Office of the Governor alerting the office of the Board's concerns regarding changes in the state wide mental health system and its potential effect on the hospital; specific concerns addressed 1) a lack of communication, 2) an absence of teamwork in implementation, and 3) a lack of clear direction in the implementation of changes.

Advisory Board
Goals and Objectives for Calendar Year 1993

The Advisory Board will build upon the established foundation to meet its duties and responsibilities. The following goals and objectives have been identified to provide a meaningful direction for the Board during Calendar Year 1993.

To advise and consult with the Deputy Director, Division of Behavioral Health Services, and the Superintendent of the Arizona State Hospital on matters related to the role of the hospital; on achievement of that role;, on issues related to hospital facilities, maintenance, programs, services and policies; on budgetary issues; and on coordination of services with community-based service providers.

To advise and consult with the Deputy Director, Division of Behavioral Health Services, and the Superintendent of the Arizona State Hospital on implementation of the "Blueprint" as it applies to class members at the hospital;

To protect the rights and interests of patients;

To lobby the Legislature, special interest groups, and individuals to ensure the hospitals' goals are met;

To recommend to the Governor filling any Board vacancies and, as necessary, to make member reappointment recommendations to the Governor;

To increase the visibility and viability of the Board by attending and participating in relevant meetings, workshops and seminars; developing a speaker bureau; conducting media presentations and multi-media plans; and assisting in educating the community concerning the role of the hospital in meeting the needs of the mentally ill;

To assist in identifying and obtaining alternative funding sources for hospital programs;

To examine and provide input to contracts for use of hospital

facilities, programs, and services; and

To fulfil other responsibilities as requested by the Deputy Director of the Division of Behavioral Health Services.

The commitment of the members of the Advisory Board is not limited solely to the achievement of the established goals and objectives. The memberships' investment of personal time and energy is dedicated to an overall improvement in the quality of life for the seriously mentally ill improves at hospital and to ensuring the continuity of needed care after patient discharge.

Pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, Arizona Department of Health Services does not discriminate on the basis of race, color, national origin, handicap or age. For further information or to file a complaint contact:

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